What do you eat?

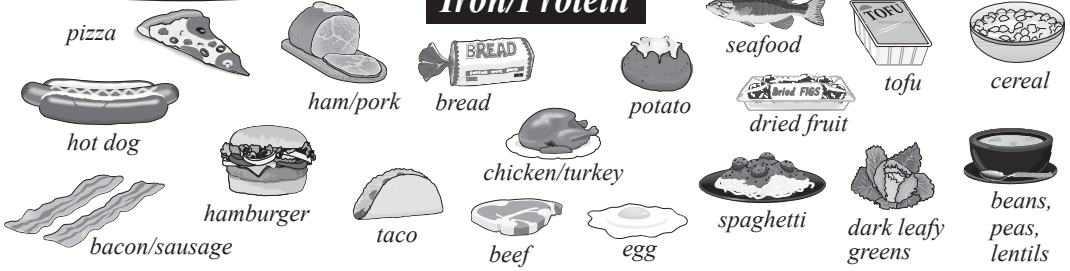
What did you eat yesterday? List everything you ate and drank. How much? What time?

Time	*Amount*	*Food or Drink*
10:00 a.m.	*½ cup*	*Carrots*

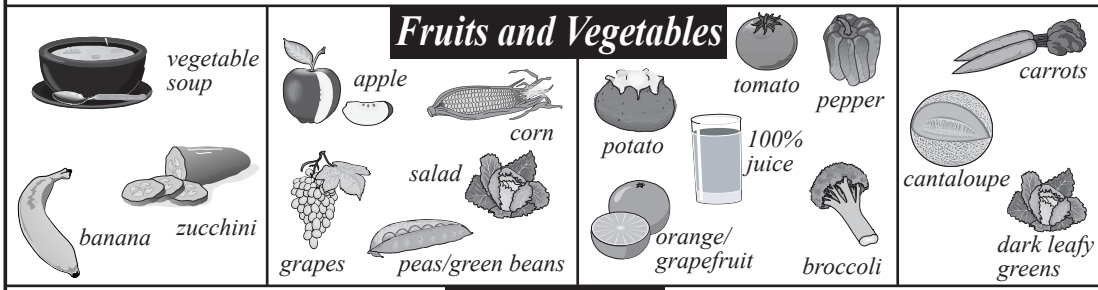
☐ ***Was yesterday a typical day?*** _____Yes _____No

Circle the foods you eat often.

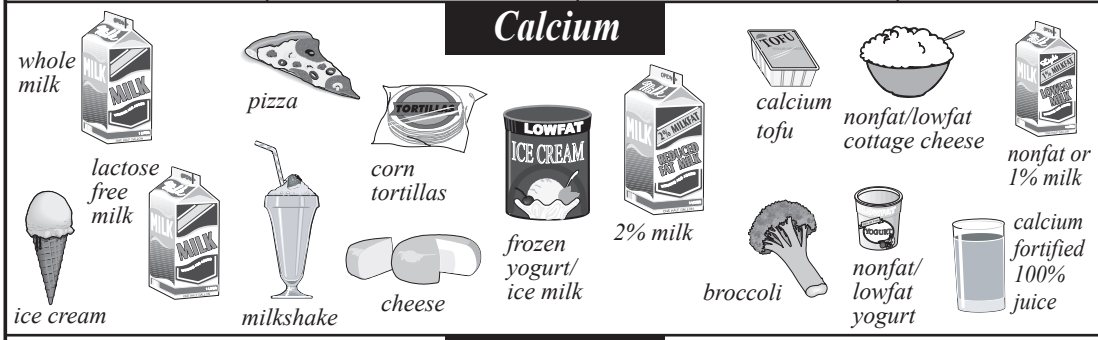
Iron/Protein



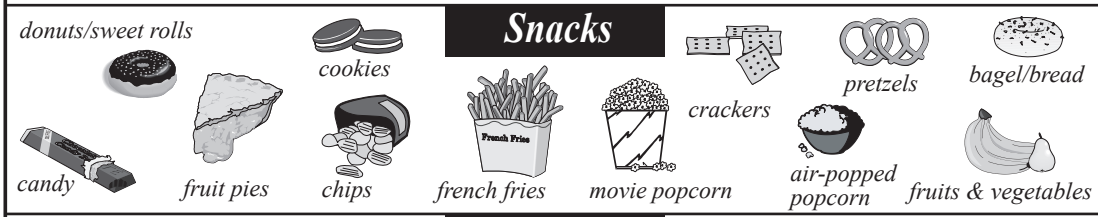
Fruits and Vegetables



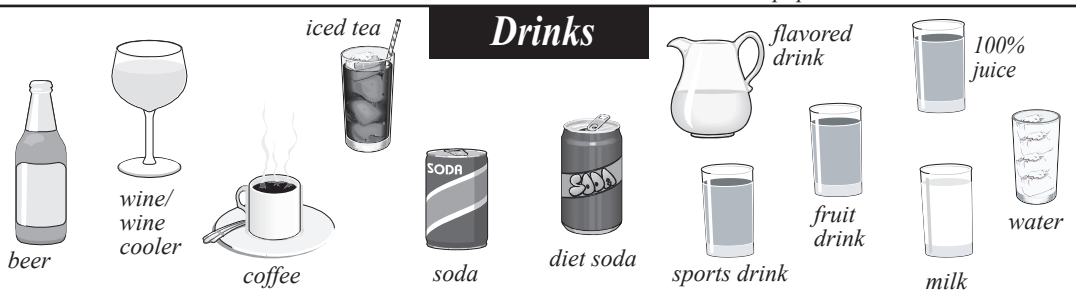
Calcium



Snacks



Drinks



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(Check (✓) topics discussed)

- ☐ Continue eating healthy
- ☐ ⬆ regular meals/snacks
- ☐☐ Encourage breakfast☐ ☐
- ☐☐☐ Inadequate food supply
- ☐☐ Encourage lower fat
- ☐ Encourage lower sugar ☐☐
- ☐☐ Weight management
- ☐☐ Disordered eating
- ☐☐☐ Other_____

Iron/Protein

- ☐☐ 2 - 3 servings daily
- ☐ ⬆ high iron foods☐ ☐
- ☐☐ ⬆ alternate protein sources ☐
- ☐☐☐ for vegetarian diets
- ☐ ⬆ beans, lentils, peas
- ☐ Limit high fat meats

Fruits and Vegetables

- ☐☐ 2 - 4 Fruits daily or more
- ☐☐ 3 - 5 Vegetables daily or more☐
- ☐☐☐ Vitamin C sources
- ☐☐ Vitamin A sources

Calcium

- ☐☐ 3 - 4 servings daily
- ☐ Encourage nonfat or
- ☐☐☐ 1% milk
- ☐☐ ⬇ high fat choices
- ☐☐ ⬆ low lactose alternatives
- ☐☐ ⬆ calcium-fortified foods

Snacks

- ☐☐ ⬇ high sugar snacks
- ☐☐ ⬇ high fat snacks
- ☐☐ ⬆ fruit/vegetable snacks
- ☐☐ ⬇ fast food

Drinks

- ☐☐ Limit juice: 1/day
- ☐☐☐ (4-8 oz. total)
- ☐☐ Drink 100% juice
- ☐☐ Drink 8-12 glasses ☐ ☐
- ☐☐☐ water/day (8 oz. each)
- ☐☐ Discourage fruit drinks
- ☐☐ Discourage soda/caffeine
- ☐☐ Discourage alcohol

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Name_____ **Age**_____ **Date of Birth**_____ **Date**_____

Don't Stop! Please turn me over. . .

Youth Nutrition and Activity Assessment
(Ages 8-21)

Provide additional information on your food, activity and health habits.

Health professionals: Complete assessment in the shaded boxes below using all information provided.

Eating Habits:

Do you eat or drink:	Yes	No	Examples/Comments
breakfast?	☐	☐	_____
morning snack?	☐	☐	_____
lunch?	☐	☐	_____
afternoon snack?	☐	☐	_____
dinner?	☐	☐	_____
evening snack?	☐	☐	_____
milk?	☐	☐	_____
soda, coffee, tea?	☐	☐	_____
beer, wine or other alcohol?	☐	☐	_____

Eating Habits:

Yes	No	
☐	☐	Is the overall diet adequate? Does it include:
☐	☐	3 meals/2 snacks
☐	☐	high iron foods
☐	☐	calcium foods
☐	☐	5 or more fruits and vegetables
☐	☐	adequate fluids
☐	☐	Is hgb/hct within normal limits?
☐	☐	Has there ever been a lead test?_____
☐	☐	Counseling given (topics):_____
		_____
☐	☐	Further counseling needed (topics):_____
		_____
☐	☐	Referral made to:_____

Exercise/Physical Activity:

How many hours per day do you:
- watch TV? _____hours per day
- play video/computer games? _____hours per day
- surf the internet/chat rooms? _____hours per day

(Circle all that apply) Do you walk, run, bicycle, rollerblade or dance? Do you play basketball, softball, soccer, volleyball, other team sports?

Do you participate in physical education classes at school? ☐ Yes ☐ No

Other activities_____

How often are you physically active?

_____times per week _____minutes each time

Yes	No	
☐	☐	Limit use of TV/computer/video/internet
		(1-2 hours/day or less) Goals set?_____
		_____
☐	☐	Encourage activity (60 minutes/day or more)
		Goal set?_____
		_____
☐	☐	Referral made to:_____
		_____

Weight/Body Image:

Are you trying to:

☐ lose weight ☐ gain weight ☐ stay the same?

Do you eat less to control your weight? ☐ Yes ☐ No

Explain:_____

Have you ever made yourself vomit? ☐ Yes ☐ No

If yes, how often?_____When was the last time?_____

Do you ever "binge" eat? ☐ Yes ☐ No

If yes, how often? _____ When was the last time?_____

Are you currently using diet pills, laxatives, supplements, steroids, protein powders? ☐ Yes ☐ No

Other products used_____

BMI_____Date_____

- ☐ Acceptable Range — BMI between 5th and 85th percentile
- ☐ At risk of overweight — BMI for age > 85th percentile, < 95th percentile
- ☐ Overweight — BMI for age ≥ 95th percentile
- ☐ Underweight — BMI for age ≤ 5th percentile

Yes	No	
☐	☐	General signs of an eating disorder?
☐	☐	Understands healthy eating?
☐	☐	Counseling given?
		Topics:_____
		_____
☐	☐	Referral made to:_____
		_____

Completed by Name/Title:_____ **Date:**_____